

One third of births in the United States are to unmarried parents. The proportions are considerably higher among urban and minority parents. While many unmarried mothers eventually marry (82 percent of whites, 62 percent of Hispanics, and 59 percent of blacks, according to Graefe and Lichter 2002), they do so at a slow rate. Increasingly, policy attention has focused on possible strategies to encourage marriage, primarily through welfare policies and marriage promotion programs.

The research community has long been interested in the determinants of marriage. An abundance of research has revealed strong effects of education and earnings on marriage. Studies have also found that physical health affects the likelihood of marrying. One aspect of human capital that has received much less attention as a determinant of marriage is mental health, despite the fact that poor mental health is prevalent in low-income (disproportionately unmarried) populations and that several studies have shown that poor mental health is associated with marriage and marital stability.

What is known to date about the effects of mental health on marriage is limited because existing studies: (1) have proceeded without acknowledging previous research on the topic and as a result have tended to replicate previous knowledge rather than build upon it, and (2) have generally relied on cross-sectional data, making it very difficult to ascertain the direction of causality between the mental health and marriage.

In this paper, we address limitations of seven prior studies investigating mental illness as a risk factor for delayed or non-marriage. Specifically, we use four waves of the Fragile Families and Child Wellbeing (FFCW) survey that have been augmented with respondents' medical records to investigate the prevalence of diagnosed mental illness among mothers giving birth

out-of-wedlock. We also estimate the effect of mental illness on the timing of marriage by employing proportional hazard models. By having measures of diagnosed prenatal mental illness that precede marriage, we are better able than previous studies to ascertain the directionality of the associations. We also expand upon other studies by estimating effects of mental illness on subsequent child bearing.

FFCW is a longitudinal birth cohort survey that includes a large probability sample of 3712 non-marital births. Parents were interviewed at the time of the child's birth and re-interviewed at the time of the child's first, third, and 5th birthdays. Measures of mental illness are created from ICD-9 codes in mothers' prenatal medical records and from health histories in their hospital medical records from the birth. All diagnosed mental illness conditions, including those related to drug and alcohol addictions, are used to create measures of whether or not mothers had a mental illness. Marital status and marriage histories are obtained at each survey wave. Fertility histories have been constructed from direct questions on births and from household rosters at each of the follow-up interviews. The surveys are very rich in measures of socioeconomic status and characteristics of relationships, allowing us to control for many potential confounders.

We estimate marriage and fertility models that control for city fixed effects, baseline levels of human capital (including physical health) and parents' baseline cohabitation status. Preliminary results indicate that over 10% of unmarried mothers are diagnosed with a mental illness at the time of their child's birth, and that, in this population, mental illness is indeed strongly associated with delays in marriage. Rates of marriage over three years are half as high among mothers with mental illness as they are among mothers without diagnoses of mental illness. However, mental illness does not appear to affect the fertility of unmarried mothers.

The findings suggest that mental health problems may compound other well-documented

barriers to stable long-term unions among unmarried parents, such as unemployment and poverty, and that programs designed to help new parents maintain stable and healthy relationships should be sensitive to mental health needs of their target population.